Tax and License Division 20 E 6th Street, 3rd floor Tempe, AZ 85281 (480) 350-2955

Solicitor Individual Application



SECTION I APPLICA	ANT'S	INFORMATION							
Applicant's Full Name				Phone Number					
Residential Address					City		State	Z	ip
Mailing Address					City		State	Z	ip
Proof of Legal Status									
Legal Status									
SECTION II PERSON	NAL I	NFORMATION							
Date of Birth		Eye Color	Weight		Height		Hair Color		Gender □ M □ F
Social Security Number				Drivers Licen Number	se				State
Previous names by which you have				1					
been known and the years in which you									
were know by those names									
RESIDENTIAL ADDRESSE	S FOR	THE PAST 5 YEARS	BEGINNING	WITH PREVIO	OUS ADDRESS				
From		То		Complete Str	eet Address		С	ity, State	9
SECTION III BACKG IF NOT ANSWERED FULLY AUTOMATICALLY CAUSE	AND	COMPLETELY IT CO	ULD BE CAU	SE FOR YOUR	APPLICATION	TO BE DE	ENIED. A YES A	NSWER	DOES NOT
Have you ever been coassault? ☐ Yes ☐	onvict] No	ed in any jurisdict If yes, you mus	ion of a felo t provide s	ony, or any n pecific inform	nisdemeanor nation descri	r involvin bing:	g fraud, theft,	dishor	nesty or
Date		Offense		Location	on of Conviction	1	Penal	ty Asses	ssed
I CERTIFY THAT THE STA' AGREE AND UNDERSTAN AND CONSIDERATION TO INVESTIGATION AND FOR RESPONSIBLE FOR THE F	D THA , BE LI CAUS	T ANY FALSIFICATION CENSED IN THE CIT SE MAY BE DENIED A	ON OF MATER Y OF TEMPE AND THAT TH	RIAL FACTS MA I FURTHER U IE APPLICATIO	AY CAUSE FOR INDERSTAND IN FEE IS NON	RFEITURE THAT THI: -REFUND	ON MY PART O S APPLICATION ABLE. I REALIZI	F ALL R IS SUB E THAT	RIGHTS TO, JECT TO I MAY BE
Date		_		<u> </u>	applicant's Signa	ature			

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Solicitor Business Application



SECTION I BUSINESS INFORMATION

Business Name	33 INI OKWATION					
DBA Name						
☐ Individual ☐ Pa	artnership □ Corpora	tion LLC	□ Non-Profit	□ Other _		
Street Address	<u> </u>		City		State	Zip
Mailing Address			City		State	Zip
Phone Number	Fax Num	per		Email		
BUSINESS ADDRESSES F	FOR THE PAST 5 YEARS B					
From	То	Co	omplete Street Addre	City, State		
SECTION II BUSINE	SS OWNERSHIP					
	ust be filled out for each person	on having a contro	olling interest			% ownership
	Nume					
Owners, Partners, LLC Members, or Officers (For additional names please attach list)	Name					
	Name					
	Name					
Managing Owner	Name					
Corporate or LLC Statutory Agent	Name				Phone Number	
	Address		City		State	Zip
SECTION III BACKO	BROUND INFORMATION	DN	<u> </u>			
	perated in this or anoth		e under a license	during the p	previous 5 ye	ars? □ Yes □ No
Na Na		Location	License Number			
Was your license ever	r revoked? □ Yes □	No If yes, ex	plain:		I	